## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 15, 2004 8:00 am Secretary of State **DOCUMENT # P02000010439** 1. Entity Name 03-15-2004 90089 003 \*\*\*150 00 FLORIDA CAPITAL MANAGEMENT GROUP, INC. Principal Place of Business Mailing Address 12448 SW 127 AVENUE 12448 SW 127 AVENUE 94023330 **MIAMI FL 33186** MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FE! Number 02-0540764 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of 6. Name and Address of Current Registered Agent Registered Agent DUAR 1e-VierA-DUARTE-VIERA, ANIBAL J Street Address (P.O. Box Number is Not Acceptable) 8550-NW-33RD STREET SUITE 200 **MIAMI FL 33122** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ANIBAL DUANTE-VIERA SIGNATURE edistered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **K** Change DS Addition TITLE Delete TITLE NAME FERNANDEZ, MARTHA NAME 12448 SW127 Avenue 9485 SUNSET DR: A-295 STREET ADDRESS STREET ADDRESS niami, FL 33186 MIAMI FL-33173. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Ch ☐ Addition GARCIA, CARLOS M NAME NAME 12448 SW. 127 AURNUE 9485 SUNSET DR A-295 ~ STREET ADDRESS STREET ADDRESS niAni, FL 33186 MIAMI FL 33173. CHY-ST-ZIP CITY-ST-ZIP 🕱 Change TITLE ☐ Delete TITLE ☐ Addition SIERRA, FILIBERTO-NAME 12448 Sw. 127 AUCME STREET ADDRESS 9485 SUNSET DR A-295 STREET ADDRESS CITY-ST-ZIF MIAMI-FL 33173 CITY-ST-ZIP niami, FL 33186 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetes empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED